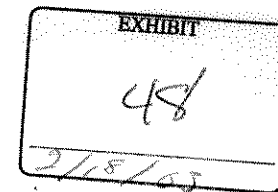




**Massachusetts
Casualty
Insurance Company**

Incorporated 1926

155 Federal Street, 7th Floor
Boston, MA 02110
(800) 462-9897



**PREMIUM NOTICE
DISABILITY INCOME POLICY**

POLICY NUMBER
0641734

AMOUNT AND MODE OF PAYMENT DUE DATE
\$ 3,529.14 PRO RATA 13 MONTHS 3/01/02

PROVIDENT BANK
C/O ROBERT EDWARDS
1055 ST. PAUL PL
CINCINNATI OH 45202

NOTE: THE WAIVER OF PREMIUM PROVIDED BY YOUR POLICY
TERMINATED ON 2/25/02. THIS NOTICE COVERS THE
PREMIUM NOW DUE ON YOUR POLICY FROM 3/01/02 TO
4/01/03.

AGENCY
MC803

RE: ERIC L. JEFFRIES

*PLEASE INDICATE CHANGES OR CORRECTIONS ON RETURN PORTION OF NOTICE BELOW

NOTICE PRINTED 3/28/02

PROMPT PAYMENT PROTECTS YOUR FINANCIAL SECURITY

PLEASE RETURN THIS PORTION OF PREMIUM NOTICE WITH YOUR PAYMENT

YOUR POLICY WILL LAPSE IF THE PREMIUM IS NOT PAID WITHIN 31 DAYS OF THE DUE DATE.

POLICY NUMBER
0641734

AMOUNT AND MODE OF PAYMENT DUE DATE
\$ 3,529.14 PRO RATA 13 MONTHS 3/01/02

PROVIDENT BANK
C/O ROBERT EDWARDS
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TERMINATED ON 2/25/02. THIS NOTICE COVERS THE
PREMIUM NOW DUE ON YOUR POLICY FROM 3/01/02 TO
4/01/03.

*Changes

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

AGENCY

MC803 RE: ERIC L. JEFFRIES

Signature: _____

NOTICE PRINTED 3/28/02

FILE COPY

CLAIM 00944